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Bib Data Sheet

CONFIRMATION NO. 9992

SERIAL NUMBER 10/068,533	FILING OR 371(c) DATE 02/05/2002 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. CB-11-1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/586,295 06/02/2000 which is a DIV of 09/248,763 02/12/1999 PAT 6,149,620 which is a CIP of 08/795,684 02/05/1997 PAT 5,871,499 which is a CIP of 08/561,958 and claims benefit of 60/096,150 08/11/1998 and claims benefit of 60/098,122 08/27/1998 and claims benefit of 60/299,094 06/18/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/09/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 28	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Michael J. O'Ferr</i> Examiner's Signature Initials				

**ADDRESS**

21394

**TITLE**

Electrosurgical apparatus and methods for treatment and removal of tissue

<b>FILING FEE RECEIVED</b> 1950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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